

ALL DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-875)

11064 669

APPLICANT(S)

8-5-82

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55	/		
6	/						56			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL			

BEST AVAILABLE COPY